

Exhibit 29

2001 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

20162 1415
08-23-2001



① CORPORATION NAME:
MUSLIM WORLD LEAGUE

DUE DATE: 08/31/01

② REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

CORPORATION ID: 0544370-0

M YAQUB MIRZA
555 GROVE ST STE 116
HERNDON, VA 20170-4728

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank, you must add the principal office address. If item ⑦ is blank, you must add the director and officer information (see Section 13.1-775 A 3 or Section 13.1-936 A 3 of the Code of Virginia).

⑥ PRINCIPAL OFFICE ADDRESS

<input type="checkbox"/> NO CHANGE	<input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY
ADDRESS:	ADDRESS: 360 S. WASHINGTON STREET, SUITE 300
CITY/ST/ZIP:	CITY/ST/ZIP: FALLS CHURCH, VA 22046

⑦ DIRECTORS AND PRINCIPAL OFFICERS

All directors and principal officers must be listed.
One individual may be a director and an officer.

<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> REMOVE	<input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY
NAME:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	NAME: DR. ABDULLAH BIN SALEH AL OBAID OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
TITLE:		TITLE: PRESIDENT/DIRECTOR
ADDRESS:		ADDRESS: 360 S. WASHINGTON STREET, SUITE 300
CITY/ST/ZIP:		CITY/ST/ZIP: FALLS CHURCH, VA 22046

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/ OFFICER
LISTED IN THIS REPORT

DR. M. YAQUB MIRZA, SEC./TREA
PRINTED NAME/TITLE

8/24/01
DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.
B8031

2001 ANNUAL REPORT CONTINUED

CORPORATE ID: 0544370-0

<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE <input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY	
<div style="text-align: right; margin-bottom: 5px;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></div> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<div style="text-align: right; margin-bottom: 5px;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></div> NAME: DR. HASSAN A.A. BAHAFZALLAH TITLE: VICE PRESIDENT/DIRECTOR ADDRESS: 360 S. WASHINGTON STREET, SUITE 300 CITY/ST/ZIP: FALLS CHURCH, VA 22046
<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE <input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY	
<div style="text-align: right; margin-bottom: 5px;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></div> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<div style="text-align: right; margin-bottom: 5px;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></div> NAME: DR. M. YAQUB MIRZA TITLE: SECRETARY/TREASURER/DIRECTOR ADDRESS: 555 GROVE STREET, SUITE 116 CITY/ST/ZIP: HERNDON, VA 20170
<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE <input type="checkbox"/> ADDITIONS/CHANGES ONLY	
<div style="text-align: right; margin-bottom: 5px;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></div> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<div style="text-align: right; margin-bottom: 5px;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></div> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE <input type="checkbox"/> ADDITIONS/CHANGES ONLY	
<div style="text-align: right; margin-bottom: 5px;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></div> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<div style="text-align: right; margin-bottom: 5px;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></div> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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